

Today's Date: **Veterinary Surgical Release Form** 1. Owner Information Owner Name Address____ City _____ State ____ Zip ____ Primary Phone _____ Alternate Phone _____ E-mail Address 2. Pet Information _____ Dog___ Cat___ Other____ Age:_____ DOB:_____ Sex: M___ F__ Spayed/Neutered: Yes__ No__ _____ Color:____ Breed: Reason for today's visit: Is your pet on any medications? □ Yes □ No If so: Is your pet up to date on all vaccines? □ No Does your pet have any known medical issues? □ Yes □ No Did you adopt from Priceless Pets? □ Yes □ No If yes, please include their pervious name or ID number:_____ Please keep your phone on you if your pet is here for surgery today in the case that we need to contact you. Please put the best number to contact you at, if multiple numbers are on file. If we are unable to reach you in the case that your pet needs additional treatment, while pet is under anesthesia, are we able to move forward with treatment? We will always attempt to contact owner before continuing with any recommended treatment. Please initial to approve or decline: If treatment cost is less than \$50 Approve____ Decline____ If treatment cost is less than \$100 Decline Examples could include but are not limited to: baby teeth removal, hernia repair, antibiotic injection, deworming injection I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures for the visit today. Signature of Pet Owner

Date

Veterinary Surgical Release Form			
Has your pet eaten/drank since midnight last night?	□ Yes	□ No	
Is your pet on any medications?	□ Yes	□ No	
If so, please list: Is your pet on Flea & Tick prevention?	□ Yes	 □ No	
If no, would you like some today?	□ Yes	□ No	
Is your dog on heartworm preventative?	□ Yes	□ No	
If no, would you like some today?	□ Yes	□ No	
If your pet is pregnant we will move forward with terr			
If your pet is pregnant, there will be an additional fee or charge for termination.			
INCLUDED IN SURGERY:			
 Pain Medication & Antibiotics E-collar (cone post-surgery) to go home Microchip 			
STRONGLY RECOMMENDED:			
☐ Lab work (Wellness Panel) (\$100) Screens Internal organ function and checks complete blood cell count to ensure pet is			
healthy enough to undergo anesthesia. Initial here if choosing to decline services and that you understand the risks explained to you if services are			
not performed			
☐ I.V. Catheter and Fluids (\$50) Having fluids during surgery can help maintain a proper blood pressure. The catheter allows direct access to the bloodstream in the event of an emergency to administer medications.			
Initial here if choosing to decline services and that you understand the risks explained to you if services are			
not performed			
ADDITIONAL SE	ERVICES:		
□ Nail Trim (\$18) □ Ear Cleaning (lad Expression (\$20)	
☐ Paw Spa Package (\$35) Bundles nail trim, ear cleaning and anal glands. Saves \$23!			
Canine: □ Rabies (\$10) □ DAPPV (\$15) □ Bordetella (\$15)			
☐ 4DX Test (\$45) In house blood test that detects heartworm disease and 3 other tick- borne diseases. A negative heartworm test is necessary if you'd like a heartworm preventative. Results same day.			
☐ Basic Fecal test (\$48) Detects parasites such as hookworms or roundworms. Sent out to the lab, results back in			
<i>1-2 days. Feline:</i> □ Rabies (\$10) □ FVRCP (\$15) □ FELV (\$35)			
☐ Feline Snap Test (\$46) In house blood test that detects FELV, FIV, and heartworm. A negative snap test is			
necessary if you'd like to get your cat the FELV vaccine. Results same day. □ Basic Fecal test (\$48) Detects parasites such as hookworms or roundworms. Sent out			
to the lab, results back in 1-2 days.			
CONSENT: I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and			
authorize the doctors and staff at Priceless Pels Veterinary Clinic to perform the above noted procedures or operations. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.			
I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I understand my pet will receive a 24-hour pain injection post-surgical procedure. I understand that if I am dropping off a feral cat to be fixed, there will not be any pain medications or antibiotics to go home.			
I agree to indemnify and hold harmless from and against all liability arising out of the performance of any of the procedures referred to above.			
Signature of Legal Owner or Guardian of Pet	Date		
In the case that any life-threatening emergencies arise I doon lifesaving treatment. I grant my consent for this procedure. I agree to p	r do not give my pay in full for services rende	permission to preform emergency ered at the time of pick up.	
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Date

Signature of Legal Owner or Guardian of Pet